

FACT SHEET: Health Care in Connecticut
What the Affordable Care Act is doing for Connecticut families

The Affordable Care Act has already covered nearly one in three uninsured Americans – more than sixteen million – and improved coverage for virtually everyone with health coverage. Americans can no longer be denied coverage because of preexisting conditions, women can't be charged more just for being women, and there are no more annual caps on the care patients receive. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. In the years to come, the ability to buy portable and affordable plans on a competitive marketplace will allow countless Americans to move, start businesses, and dream big American dreams – without worrying if an illness will bankrupt them. Here is how the Affordable Care Act is working for families in Connecticut:

After Health Reform: Improved Access to Care

- Gallup recently estimated that the uninsured rate in Connecticut in 2014 was 6 percent, down from 12.3 percent in 2013.
- Prohibits coverage denials and reduced benefits, protecting as many as 1,554,628 Nutmeg Staters who have some type of pre-existing health condition, including 191,534 children.
- Eliminates lifetime and annual limits on insurance coverage and establishes annual limits on out-of-pocket spending on essential health benefits, benefiting 1,386,000 people in Connecticut, including 525,000 women and 367,000 children.
- Expands Medicaid to all non-eligible adults with incomes under 133% of the federal poverty level. There were over 736,000 people enrolled in Medicaid and CHIP in Connecticut in March 2015.
- Establishes a system of state and federal health insurance exchanges, or marketplaces, to make it easier for individuals and small-business employees to purchase health plans at affordable prices through which 98,269 people in Connecticut were covered in March 2015.
- Created a temporary high-risk pool program to cover uninsured people with pre-existing conditions prior to 2014 reforms which helped more than 676 people in Connecticut.

- Creates health plan disclosure requirements and simple, standardized summaries so 2,165,700 people in Connecticut can better understand coverage information and compare benefits.

After Health Reform: More Affordable Care

- Creates a tax credit to help 77,114 people in Connecticut who otherwise cannot afford it purchase health coverage through health insurance marketplaces.
- Requires health insurers to provide consumers with rebates if the amount they spend on health benefits and quality of care, as opposed to advertising and marketing, is too low. Last year, 69,186 consumers in Connecticut received \$3,019,862 in rebates.
- Eliminates out-of-pocket costs for preventive services like immunizations, certain cancer screenings, contraception, reproductive counseling, obesity screening, and behavioral assessments for children. This coverage is guaranteed for more than 1,819,938 people in Connecticut including 746,444 women.
- Eliminates out-of-pocket costs for 467,148 Medicare beneficiaries in Connecticut for preventive services like cancer screenings, bone-mass measurements, annual physicals, and smoking cessation.
- Phases out the “donut hole” coverage gap for 60,610 Medicare prescription drug beneficiaries in Connecticut, who have saved an average of \$1,067 per beneficiary.
- Creates Accountable Care Organizations consisting of doctors and other health-care providers who share in savings from keeping patients well while improving quality, helping 165,409 Medicare beneficiaries in Connecticut.
- Phases out overpayments through the Medicare Advantage system, while requiring Medicare Advantage plans to spend at least 85 percent of Medicare revenue on patient care. Medicare Advantage enrollment has grown by 66,932 to 159,067 in Connecticut since 2009.

After Health Reform: Improved Quality and Accountability to You

- Provides incentives to hospitals in Medicare to reduce hospital-acquired infections and avoidable readmissions. Creates a collaborative health-safety learning network, the Partnership for Patients, that includes 26 hospitals in Connecticut to promote best quality practices.

We're not done. Other legislation and executive actions are continuing to advance the cause of effective, accountable and affordable health care. This includes:

- Incentive payments for doctors, hospitals, and other providers to adopt and use certified electronic health records (EHR). In Connecticut more than 75.7 percent of hospitals and 30.1 percent of providers have electronic health records systems.
- A new funding pool for Community Health Centers to build, expand and operate health-care facilities in underserved communities. Health Center grantees in Connecticut now serve 327,165 patients and received \$104,949,322 under the health care law to offer a broader array of primary care services, extend their hours of operations, hire more providers, and renovate or build new clinical spaces.
- Health provider training opportunities, with an emphasis on primary care, including a significant expansion of the National Health Service Corps. As of September 30, 2014, there were 213 Corps clinicians providing primary care services in Connecticut, compared to 74 clinicians in 2008.

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